## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD

| Effective January 1, 2003  |   |   |              |                               |                              |                  |       | Ŀ           |                        | ر<br>ا         |                     |                        |
|--|---|---|--------------|-------------------------------|------------------------------|------------------|-------|-------------|------------------------|----------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |              |                               |                              |                  | SMA   |             | YTITY                  | OR             | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS   |   |   | 15           |                               | 4                            |                  | RA    | TE          | FEE                    | 1              | RATE                | FEE                    |
| FOR  |   |   | NUMBER FILED |                               | NUMBER EXTRA                 |                  | BASI  | FEE         | 375.00                 | OR             | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |   | 15 minus 20= |                               | · 0                          |                  | X\$   | 9=          | _                      | OR             | X\$18=              |                        |
| INDEPENDENT CLAIMS   |   |   | / minus 3 =  |                               | * <                          | Ø                | X4    | 2=          | _                      | OR             | X84=                |                        |
| ML   | LTIPLE DEPEN  | DENT CLAIM P                              | RESENT       |                               |                              |                  | +14   | 0≃          | -                      | OR             | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |              |                               |                              | column 2         | то    | ΓAL         | 375                    | OR             | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |   |   |              |                               |                              | SM               | ALL   | ENTITY      | OR                     | OTHER<br>SMALL |                     |                        |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 1 - V        | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA | RA    | TE          | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus        | **                            |                              | =                | X\$   | 9=          |                        | OR             | X\$18=              |                        |
|  | Independent * Minus FIRST PRESENTATION OF MULTIPLE DEPE   |   |              | ***                           | T CL AIM                     |                  | X4    | 2=          |                        | OR             | X84=                |                        |
| ᆘ  | TINOT FILESE  | INTATION OF M                             | OLIN CL OLI  | LINDLIN                       | I OLANI                      |                  | +14   | 0=          |                        | OR             | +280=               |                        |
| 1  |   |   |              |                               |                              |                  |       |             |                        | OR             | TOTAL<br>ADDIT, FEE |                        |
| _  |   | (Column 1)                                |              | (Colu                         |                              | (Column 3)       | ADDIT |             |                        |                | ,                   |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | PREVI                         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RA    | ΤE          | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus        | **                            |                              | =                | X\$   | 9=          | 1                      | OR             | X\$18=              | ł                      |
| AME  | Independent   | *<br>NTATION OF M                         | Minus        | ***                           | T CLAIM                      | -                | X4    | 2=          |                        | OR             | X84=                |                        |
| ┞  | TINSTANESE  | INTATION OF IM                            | OZITI EL DET | LINDLIN                       | CLAN                         |                  | +14   | 0=          |                        | OR             | +280=               |                        |
|  |   |   |              |                               |                              |                  | ADDIT | OTAL<br>FEE |                        | OR             | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |              |                               |                              |                  |       |             |                        |                |                     |                        |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | PREVI                         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RA    | TE          | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDM  | Total   | *   | Minus        | **                            |                              | =                | X\$   | 9=          |                        | OR             | X\$18=              |                        |
| AME  | Independent   | *   | Minus        | ***                           |                              | =                | X4    | 2=          |                        | OR             | X84=                |                        |
| ۲  | FIRST PRESE   | NTATION OF M                              | ULTIPLE DE   | PENDEN                        | I CLAIM                      |                  | +14   | 0=          |                        | OR             | +280=               | T                      |
|  | If the entry in colu  |   |              |                               |                              |                  | L     | DTAL        | <del> </del>           | 1              | TOTAL               |                        |
| *  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |   |              |                               |                              |                  |       |             |                        |                |                     |                        |